

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) ▼

1814 ROSELAND BLVD

☐ Check if different than previously reported. (ACC)

TYLER

TX

75701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437525

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer

ANTHONY WAHL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 28 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		18423.94
(b) Cash on Hand at Beginning of Reporting Period.....	40137.94	
(c) Total Receipts (from Line 19)	10962.00	53776.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51099.94	72199.94
7. Total Disbursements (from Line 31)	16000.00	37100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35099.94	35099.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y

10

01

2013

To:

M M /

D D /

Y Y Y Y Y

12

31

2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10938.00

50801.00

(ii) Unitemized

24.00

2975.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10962.00

53776.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

10962.00

53776.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10962.00

53776.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

10962.00

53776.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	37100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16000.00	37100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	37100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10962.00	53776.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10962.00	53776.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5545

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHNATHAN BLAU

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 09 / 2013

Transaction ID : SA11AI.5491

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JOHNATHAN BLAU

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 25 / 2013

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JOHNATHAN BLAU

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

12 / 06 / 2013

Transaction ID : SA11AI.5565

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

971.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5516

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5547

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5590

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2735.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5492

Amount of Each Receipt this Period

196.00

Full Name (Last, First, Middle Initial)

B. AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2931.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period

196.00

Full Name (Last, First, Middle Initial)

C. AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3127.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period

196.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

588.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1988.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5511

Amount of Each Receipt this Period

143.00

Full Name (Last, First, Middle Initial)

B. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2131.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5543

Amount of Each Receipt this Period

143.00

Full Name (Last, First, Middle Initial)

C. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2274.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period

143.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

429.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2773.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5493

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2972.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5525

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3171.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

597.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. GUY DANIELSON

Mailing Address 16950 FM 2661

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

10 / 09 / 2013

Transaction ID : SA11AI.5494

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. GUY DANIELSON

Mailing Address 16950 FM 2661

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

10 / 25 / 2013

Transaction ID : SA11AI.5527

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. GUY DANIELSON

Mailing Address 16950 FM 2661

City
FLINT

State
TX

Zip Code
75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

12 / 06 / 2013

Transaction ID : SA11AI.5568

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

249.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City
TYLER

State Zip Code
TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

181.00

Full Name (Last, First, Middle Initial)

B. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City
TYLER

State Zip Code
TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2701.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5528

Amount of Each Receipt this Period

181.00

Full Name (Last, First, Middle Initial)

C. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City
TYLER

State Zip Code
TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2882.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period

181.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

543.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2093.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2243.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5529

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2393.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period

66.00

Full Name (Last, First, Middle Initial)

B. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5544

Amount of Each Receipt this Period

66.00

Full Name (Last, First, Middle Initial)

C. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period

66.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

198.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5517

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

B. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5548

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

C. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period

64.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2658.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period

191.00

Full Name (Last, First, Middle Initial)

B. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2849.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5530

Amount of Each Receipt this Period

191.00

Full Name (Last, First, Middle Initial)

C. GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
 FLINT TX 75762

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3040.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period

191.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

573.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City	State	Zip Code
TYLER	TN	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2830.00

Date of Receipt

10 / 09 / 2013

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

203.00

Full Name (Last, First, Middle Initial)

B. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City	State	Zip Code
TYLER	TN	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3033.00

Date of Receipt

10 / 25 / 2013

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period

203.00

Full Name (Last, First, Middle Initial)

C. CHARLES GORDON

Mailing Address 7302 HOLLYTREE DRIVE

City	State	Zip Code
TYLER	TN	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3236.00

Date of Receipt

12 / 06 / 2013

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period

203.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

609.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2735.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5499

Amount of Each Receipt this Period

196.00

Full Name (Last, First, Middle Initial)

B. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2931.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period

196.00

Full Name (Last, First, Middle Initial)

C. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3127.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period

196.00

SUBTOTAL of Receipts This Page (optional)..... ►

588.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5519

Amount of Each Receipt this Period

56.00

Full Name (Last, First, Middle Initial)

B. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period

56.00

Full Name (Last, First, Middle Initial)

C. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period

56.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

168.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 09 / 2013

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 25 / 2013

Transaction ID : SA11AI.5533

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JAMES HARRIS

Mailing Address 9243 CHISHOLM TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

12 / 06 / 2013

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City

TYLERT

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City

TYLERT

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City

TYLERT

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5589

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 09 / 2013

Transaction ID : SA11AI.5518

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 25 / 2013

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 06 / 2013

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. MATT JONES

Mailing Address 3414 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5588

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

249.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5551

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. JON LEDLIE

Mailing Address 6166 QUAIL CREEK

City State Zip Code
 TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1837.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5594

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

501.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2752.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

197.00

Full Name (Last, First, Middle Initial)

B. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2949.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5534

Amount of Each Receipt this Period

197.00

Full Name (Last, First, Middle Initial)

C. JAMES MICHAELS

Mailing Address 2013 HOLLY CREEK DR.

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3146.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5575

Amount of Each Receipt this Period

197.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1288.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5510

Amount of Each Receipt this Period

92.00

Full Name (Last, First, Middle Initial)

B. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period

92.00

Full Name (Last, First, Middle Initial)

C. JOHN PRIDDY

Mailing Address 17950 TIMOTHY CT.

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period

92.00

SUBTOTAL of Receipts This Page (optional)..... ►

276.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
 WHITEHOUSE TX 75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3509.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

B. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
 WHITEHOUSE TX 75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5535

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

C. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
 WHITEHOUSE TX 75791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4011.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5576

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

753.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 29 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2203.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

158.00

Full Name (Last, First, Middle Initial)

B. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2361.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period

158.00

Full Name (Last, First, Middle Initial)

C. MARK RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2519.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period

158.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

474.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2613.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period

187.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period

187.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RUSSELL

Mailing Address 5930 BRIKWORTH

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2987.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5578

Amount of Each Receipt this Period

187.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

561.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.5507

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
 TYLER TN 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.5580

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2013

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	25	/	2013

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	06	/	2013

Transaction ID : SA11AI.5582

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1837.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)..... ►

501.00

TOTAL This Period (last page this line number only)..... ►

10938.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. DAVID DEWHURST COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2013

Mailing Address 305 FERRELL PLACE

Transaction ID : SB23.5559

City TYLER State TX Zip Code 75702

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Mailing Address PO BOX 52008

Transaction ID : SB23.5521

City CASPER State WY Zip Code 82605

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

2500.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Full Name (Last, First, Middle Initial)

C. MARTIN HEINES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Mailing Address P.O. BOX 2

Transaction ID : SB23.5553

City TYLER State TX Zip Code 75710

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS SPINE AND JOINT HOSPITAL PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City	State	Zip Code
DENTON	TX	76202

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 26

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : SB23.5561

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City	State	Zip Code
DALLAS	TX	75382

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 32

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

Transaction ID : SB23.5520

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City	State	Zip Code
DALLAS	TX	75382

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 32

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : SB23.5564

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

16000.00
